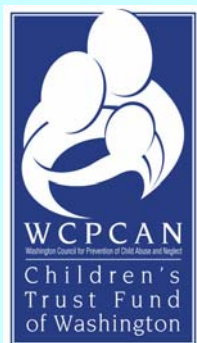


# Washington Council for Prevention of Child Abuse & Neglect



## Community-Based Funded Programs Outcomes Report

July 2002 – June 2003

Prepared by Tim Gahm, Program Manager  
October 2003

## Executive Summary

Washington was the first state in the nation to create a separate agency of state government solely dedicated to the prevention of child abuse and neglect. As noted in our originating legislation, “It is the intent of the legislature that an increase in prevention programs will help reduce the breakdown in families and thus reduce the need for state intervention and state expense”. The Washington Council for Prevention of Child Abuse and Neglect, (WCPCAN) is funded through the states general fund, donations made to the Children’s Trust Fund and by leveraging these resources, half of our budget is federally allocated through the Child Abuse Prevention and Treatment Act (CAPTA).

Since 1982 WCPCAN has invested in 172 distinct child abuse prevention programs throughout Washington. These programs serve populations that statistically demonstrate multiple risks associated with child abuse and neglect. However as our role is prevention, we maintain that no more than twenty percent of the families we serve can be involved with CPS. WCPCAN supported programs are selected based on prevention research, standards of best practices, their ability to demonstrate program outcomes, and the capacity to leverage resources within their community.

The goal of all WCPCAN funding is the prevention of child abuse and neglect. WCPCAN maintains a very high importance on the capacity of community-based programs to report program outcomes assuring that state dollars invested in prevention services are being spent wisely. This report summarizes the outcomes of sixteen community-based programs funded by WCPCAN during the 2002 – 2003 Fiscal Year.

WCPCAN funds four overarching types of child abuse and neglect prevention programs:

- (1) Home visitation programs that provide services to vulnerable families with infants and young children.
- (2) Parent education programs that use a formal structure and curriculum to help parents develop and refine parenting skills.
- (3) Parent support activities that provide parents a social support network and environment to increase positive parenting skills.
- (4) Crisis nurseries that offer respite care and support to families in crisis.

Vulnerable families with multiple needs often require an array of family support services in order to reduce the risks factors associated with child abuse and neglect. In response, many of our funded programs provide more than one kind of service. As one example, each of our three crisis nursery programs provide as a primary service, crisis and respite care for families with young children. Additionally, each of these programs provide parent support or home visitation services for those families assessed as high risk for a continuing spiral of crisis if further community supports are not in place, (see table 1 for details).

**Table 1**

Program Types	Primary Program Services	Adjunct Program Services
Home Visiting	2	0
Parent Education	5	1
Parent Support	6	5
Crisis Nursery	3	3
<b>Total</b>	<b>16</b>	<b>9</b>

WCPCAN has received both statewide and national recognition for leadership in capacity-building strategies benefiting community-based programs. We do not simply fund programs but rather provide knowledge and expertise guiding program development, training, and technical assistance. We believe this level of investment is the best means to assure that community-based prevention programs remain sustainable once our cycle of funding has been completed.

Sustainability is dependent upon accountability. We work in partnership with our funded programs in developing their technical abilities and understanding of the value associated with service evaluation and achieving demonstrated outcomes in child abuse prevention. As stated by a representative of one of our funded programs, “WCPCAN expects excellence from us but you also provide us the tools to be an excellent program”.

The data reported throughout this report is derived directly from the Year End Reports submitted by each program to WCPCAN following completion of annual funding. Each program received technical support from the independent evaluation team at Organizational Research Services, a nationally recognized leader in outcome-based planning and evaluation. Services include:

- On-site assistance in developing evaluation tools
- On-site assistance in developing database systems
- Assistance with data analysis
- Training on preparing and presenting evaluation data
- Technical assistance in preparing Year End Reports

### **Numbers Served**

Year End Reports indicate that our programs served 1,991 adults and 2,270 children. Forty-five percent of those served characterize the ethnic diversity of our states population. Services were provided by 23.65 full-time equivalent paid staff and 417 community volunteers. Volunteer hours totaled 18,185. Valued at \$10.00 per hour, community volunteers contributed \$181,850 worth of services.

### **Cost-Benefit**

Sixteen community-based programs were funded at a total of \$551,646 during fiscal year 2001 – 2002. Totaling the number of adults and children served and applying the funding allocation provided these programs equates to an average cost of \$129.46 per participant. This is a modest investment considering that our programs engage some of our states most vulnerable families. Coupled with the demonstrated outcomes represented within this report we feel confident that state and federal tax dollars invested in prevention services are being spent wisely.

## Numbers Served

Agency	Adults	Children	Subtotal	Cauc	AA	Hisp	NA	API	Other	Subtotal
Youthnet	65	52	117	55	1	30	18	3	10	117
YWCA Garfield Family Center	60	57	117	14	72	5	1	2	23	117
Cocoon House	130	266	396	331	2	6	2	11	44	396
Central WA Comprehensive Mental Health	147	66	213	79	2	121	10	0	1	213
Yakima Valley Farm Workers Clinic	129	197	326	0	0	326	0	0	0	326
Children's Home Society of WA	47	89	136	136	0	0	0	0	0	136
Grays Harbor Children's Advocacy Center	114	165	279	227	8	34	8	0	2	279
Family Support Center of South Sound	57	60	117	95	8	9	3	0	2	117
Volunteers of America	75	58	133	87	6	1	6	1	32	133
Spokane County Cooperative Extension	94	111	205	169	1	15	1	3	16	205
Safe Harbor Crisis Nursery	298	434	732	470	18	141	20	1	82	732
South Seattle Community College APPLE Parenting	124	158	282	113	24	93	8	42	2	282
Nooksack Valley School District	85	101	186	103	0	75	4	4	0	186
First Step Family Support Center	19	20	39	30	0	0	9	0	0	39
Vancouver Children's Therapy center	168	255	423	312	31	49	2	1	28	423
Center For Human Services	379	181	560	119	23	87	5	152	174	560
<b>Total</b>	<b>1991</b>	<b>2270</b>	<b>4261</b>	<b>2340</b>	<b>196</b>	<b>992</b>	<b>97</b>	<b>220</b>	<b>416</b>	<b>4261</b>
<b>Average</b>	<b>107.47</b>	<b>139.27</b>	<b>246.73</b>	<b>148.07</b>	<b>11.53</b>	<b>60.33</b>	<b>6.13</b>	<b>4.53</b>	<b>16.13</b>	<b>246.73</b>
<b>Standard Deviation</b>	<b>66.89</b>	<b>110.94</b>	<b>173.78</b>	<b>133.06</b>	<b>19.32</b>	<b>86.72</b>	<b>6.21</b>	<b>10.75</b>	<b>23.09</b>	<b>173.78</b>

Cauc: Caucasian  
 AA: African American  
 Hisp: Hispanic  
 NA: Native American  
 API: Asian / Pacific Islander

## Special Populations

Agency	Special Populations with Disabilities Adult/Children	Number of Refugee &/or Immigrant Families Served*
<b>Youthnet</b>	0/0	0
<b>YWCA Garfield Family Center</b>	0/0	5
<b>Cocoon House</b>	17/19	2
<b>Central WA Comprehensive Mental Health</b>	10/5	6
<b>Yakima Valley Farm Workers Clinic</b>	0/0	0
<b>Children's Home Society of WA</b>	0/0	26
<b>Grays Harbor Children's Advocacy Center</b>	21/39	0
<b>Family Support Center of South Sound</b>	6/4	0
<b>Volunteers of America</b>	17/2	0
<b>Spokane County Cooperative Extension</b>	7/11	4
<b>Safe Harbor Crisis Nursery</b>	94/25	2
<b>South Seattle Community College APPLE Parenting</b>	4/7	28
<b>Nooksack Valley School District</b>	0/44	0
<b>First Step Family Support Center</b>	15/12	0
<b>Vancouver Children's Therapy center</b>	12/61	1
<b>Center For Human Services</b>	42/4	282
<b>Total</b>	<b>478</b>	<b>356</b>

## Staff & Volunteers

Agency	Staff (FTE)	Volunteers	Vol Hrs	API	AA	Cauc	Hisp	NA	Other
<b>Youthnet</b>	1.57	7	90	0	0	8	1	1	1
<b>YWCA Garfield Family Center</b>	0.85	10	304	0	48	4	0	0	0
<b>Cocoon House</b>	1.53	12	236	1	0	27	1	0	0
<b>Central WA Comprehensive Mental Health</b>	1.04	18	73	1	0	26	9	0	0
<b>Yakima Valley Farm Workers Clinic</b>	1.82	23	768	0	0	0	55	0	0
<b>Children's Home Society of WA</b>	1.5	19	238	0	0	7	0	0	9
<b>Grays Harbor Children's Advocacy Center</b>	3.88	89	2106	0	0	85	11	2	8
<b>Family Support Center of South Sound</b>	1.05	48	6470	2	1	41	3	1	0
<b>Volunteers of America</b>	1.5	12	297	0	0	14	0	0	0
<b>Spokane County Cooperative Extension</b>	1.92	35	1700	1	0	35	1	2	2
<b>Safe Harbor Crisis Nursery</b>	2	5	400	2	0	7	2	0	0
<b>South Seattle Community College APPLE Parenting</b>	0.85	30	188	4	3	21	9	0	2
<b>Nooksack Valley School District</b>	0.34	38	2264	0	0	22	16	0	0
<b>First Step Family Support Center</b>	1.11	10	182	0	0	11	0	0	0
<b>Vancouver Children's Therapy center</b>	1.39	15	1339	2	0	14	0	0	0
<b>Center For Human Services</b>	1.3	46	1530	16	1	29	3	0	2
<b>Total</b>	23.65	417	18185	29	53	351	111	6	24
<b>Average</b>	1.49	24.73	1110.33	0.87	3.47	21.47	7.20	0.40	1.47

## **Program Goals**

**WCPCAN recognizes eight protective factor goals / outcomes** which, based upon the most currently available research and information on best practices in child abuse prevention, seem to make the most difference in determining a child's chances for growing up in a protective environment. **Each program funded by WCPCAN is required to report on at least one program outcome at the end of each fiscal year.**

- 1. Nurturing and Bonding:** Activities that teach parents and caretakers to respond appropriately to the basic needs of their babies and young children. Activities that stimulate brain development and a positive attachment between caregiver and child. Examples include: breast feeding and proper nutrition, holding a baby, listening to and differentiating their cries and other forms of communication, play with, cuddling, and touching babies and young children, choosing appropriate toys, keeping a safe home environment, understanding sleep needs, attending to routine health needs and knowing when to seek help for serious health concerns, etc. These are activities which lay the foundation for a positive and loving relationship between the child and the caretaker.
- 2. Responsive Social Network:** Activities that teach parents and caretakers how to access needed educational, social, and health services for themselves and their child(ren). Caretakers learn about the availability of services in their community and how to access them. Caretakers learn how to reach out to other parents and develop informal relationships with others who are caring for children. Caretakers learn to develop the strength of help seeking. Issues of concern might include child care, housing, employment, recreation, education, etc.
- 3. Knowledge of Child Development:** Activities that teach parents and caretakers the usual steps in their child's development, and how to recognize if their child needs special help. Caretakers learn about their child's developmental milestones, what gross and fine motor skill development is, what their child should be able to do at certain broad age range levels, and how to guide their child's development. Caretakers learn about their child's social, mental and physical development. Specific topics might include, feeding, toilet training, toys and play, reading, increasing responsibilities, walking, and talking to name a few examples. This knowledge ensures that parents will develop realistic expectations of their children. Caretakers learn to put into perspective what their children can do at a certain age, e.g. caretakers learn that it is not reasonable for a six month old to be toilet trained, that you can't spoil babies by picking them up, that some babies are colicky and may cry incessantly, that two year olds need help getting dressed, etc.
- 4. Effective Problem-solving:** Activities that teach parents and caretakers to recognize who owns a problem and how to effectively solve it. Caretakers learn to hold family meetings, develop listening skills, brainstorm, take responsibility for behaviors and situations they want changed, and how to communicate their needs and feelings. Caretakers and parents learn to ask for help and how to appropriately help others.

5. **Effective Communication:** Activities that teach parents and caretakers to be assertive, take responsibility for their needs and feelings, and listen to others. Caretakers learn to use "I" statements, active listening, observation, reflective listening, and how to take a "time out" from an out of control situation. Caretakers are encouraged to learn to manage their anger, identify and understand their feelings, and communicate this in a way others will listen and respond to appropriately. Caretakers learn how to develop these skills in their children and teach them to be effective communicators. Effective communication can be a component of effective problem-solving.
6. **Stress Management:** Activities that teach parents and caretakers to create a balanced life that includes activities and relationships of a social, physical, spiritual, intellectual, and psychological nature. Caretakers learn to balance their lives and address all of these areas. Caretakers learn to understand what they can control and what they can't and how they can let go of what they can't control. Caretakers and parents learn about their own self-talk and what issues push their emotional 'buttons'. Caretakers may learn relaxation exercises, how to find a good therapist, the importance of time away from children engaging in fun activities with other adults, and how to take time for oneself. Parents learn about the importance of healthy behavior including exercise and healthy food. Parents also learn that they cannot take adequate care of their children if they do not take care of themselves.
7. **Non-punitive Discipline and Guidance:** Activities that teach alternative discipline methods to parents and caretakers. Caretakers learn the myths of physical punishment and about the damage it can cause. They learn how to avoid power struggles with their children, how to use techniques like time-out, diversion, planned ignoring, distraction, family meetings, restrictions and loss of privileges, effective praise, contracting, eye and body contact, positive attention, listening, using a strong statement, effective restraints, how to use humor, limit setting and rule development, reasoning, negotiation, and logical and natural consequences. Parents also learn what techniques work best for different age children, and that not all techniques work with all children. They learn what techniques they are comfortable using and how to confidently try new approaches. Parents learn to use these approaches within their own cultures, and family structures.
8. **Effective Life Management & Self-sufficiency Skills:** Participants learn to develop skills in daily life management and to be economically self-sufficient. These skills include: budgeting and family income management, economical and healthy meal preparation, finding adequate housing, child care, applying for financial assistance when vocational training, job interview preparation, needed resume development, employment seeking skill development, and vocational and career assessment. Participants may learn skills and gain resources to balance work and family needs and to develop their basic education skills, work towards high school completion, GED achievement, or English as a second language skills. Program services are designed to assist participants in developing skills that will help them effectively manage their daily lives, and the resources they have.



## Program Outcomes

Community-based programs often use a 'sample size' in recording their outcomes thus in outcome reporting a selected group of participants (most often the highest risk / need participants) are targeted for evaluation monitoring. The sample size is noted as the 'N' identified for each program outcome report.

## Crisis Nurseries

Very often child abuse and neglect is the result of families suffering enormous stress with no immediate resources or available supports. Crisis Nurseries exist to provide a safe haven for children during a family crisis or emergency. Crisis nursery services are available 24/7, 365 days per year. Children may remain in crisis nursery care up to 72 hours. In addition to ensuring the safety of children Crisis Nursery staff assists parents in resolving their crisis and linking them with the resources necessary to meet the family's needs and reduce stress. These steps best insure that a responsive social network will be in place reducing the potential for future family crisis and thus the risk for child abuse and neglect. During 2002-2003 WCPCAN assisted in the ongoing development of three Crisis Nursery programs.

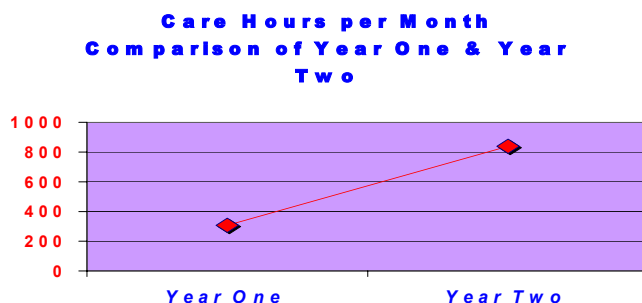
### Rainbow House Crisis Nursery

#### Grays Harbor Childrens Advocacy Center

Rainbow House is a center-based Crisis Nursery located in Montesano. Crisis Nursery and family support services are directed for low-income parents with children birth to eight years of age. WCPCAN funding has extended for two years. The following data reflects the growth of this program from start-up through year two.

### Program Activities and Outputs

Rainbow House provided ten thousand and sixty-five (10,065) hours of care to one hundred sixty-five (165) children with an average of eight hundred thirty-eight (838) hours of care per month. Nutrition services included breakfast, morning snack, lunch, afternoon snack, and dinner. This represents a one hundred seventy-two (172%) percent increase in the average hours of care per month in Year Two in comparison to Year One as reflected in the Graph 1.1.



Rainbow House provided a total of eight hundred nineteen (819) hours of family support services both in center-based and home-based settings. Topics of discussion included drug and alcohol assessment, information and referral, essential connections to informal and formal support systems, and self-assessment of shelter and other basic needs. The Family Support/Emergent Care Ratio fluctuated throughout the four quarters of the second year; the highest ratio was 1:26 and the lowest ratio was 1:9.

*The variance in the ratios may be contributed to both trust levels and staff accessibility.*

## **Program Outcome: Development of a Responsive Social Support Network**

### **A. Outcome Measurements: (N=68)**

There are four indicators identified for the primary outcome goal. Seventy-three (73) families were served during the second year of the project. Sixty-eight (68) families voluntarily participated in the family support component representing ninety-three (93%) percent of the total families served.

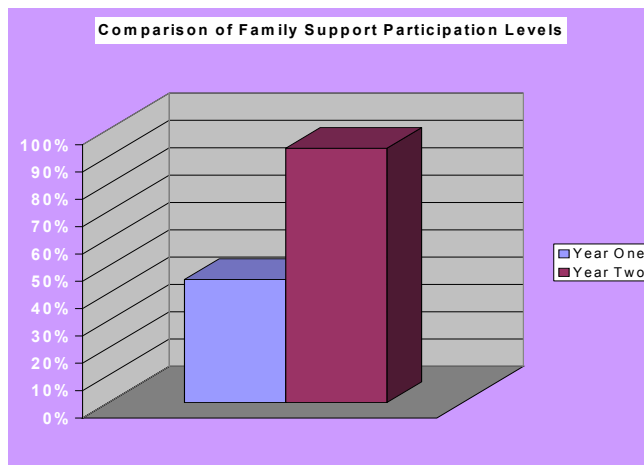
**Indicator #1: At least seventy-five (75%) percent of the families voluntarily participating in the family support component will have established regular, permanent child care services for their children.**

Sixty-three (63) out of the sixty-eight (68) families established regular, permanent child care services representing ninety-two (92%) percent of the total families participating in the family support component. This data was tracked and recorded using the Transitional Assessment tool. This tool is used post services/interventions. Child care providers include licensed center-based models, licensed in-home family childcare models, and in four instances informal, unlicensed neighborhood care.

**Indicator #2: At least ninety (90%) percent of the families voluntarily participating in the family support component will have maintained or increased the number of community connections made as a result of their participation in the nursery.**

One hundred (100%) percent of the families maintained their number of community connections as a result of their participation in the Crisis Nursery Project. Ninety-five (95%) percent or sixty-five of the families increased their number of community connections. Thirty-four (34%) percent or twenty-two (22) of the families increased the number of community connections between two and five; fifty-five (55%) percent or thirty-six (36) of the families increased the number of community connections between six and eight; and eleven (11%) percent or seven (7) of the families increased the community connections by eight or more. Examples of community connection categories include childcare subsidies, early childhood programs, social service systems, primary health care providers, etc. This data was tracked and recorded using two measurement tools; the Intake Assessment conducted through parental/guardian interviews pre-services/interventions and the Transitional Assessment conducted through record reviews and parental/guardian interviews post-services/interventions.

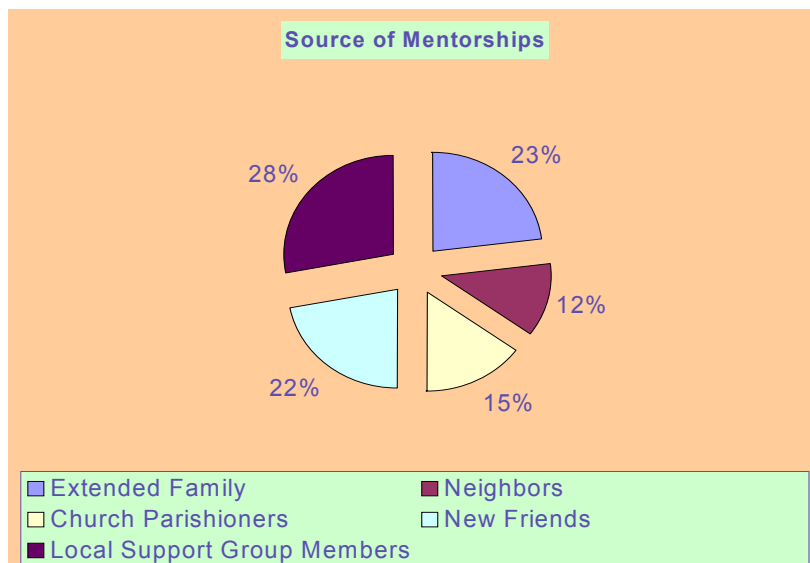
GRAPH 2.1



**Indicator #3: At least sixty (60%) percent of the families voluntarily participating in the family support component will be able to identify a parenting mentor prior to transition from the nursery.**

Ninety-one (91%) percent or sixty-one (61) of the families were able to identify a parenting mentor prior to transitioning out of the Crisis Nursery Project. Parenting mentor roles included reunification with extended family, neighbors, church parishioners, friends, and individuals from peer support groups. This data was tracked and recorded using two measurement tools; the Intake Assessment conducted through parental/guardian interviews pre-services/interventions and the Transitional Assessment conducted through record reviews and parental/guardian interviews post-services/interventions.

CHART 3.1

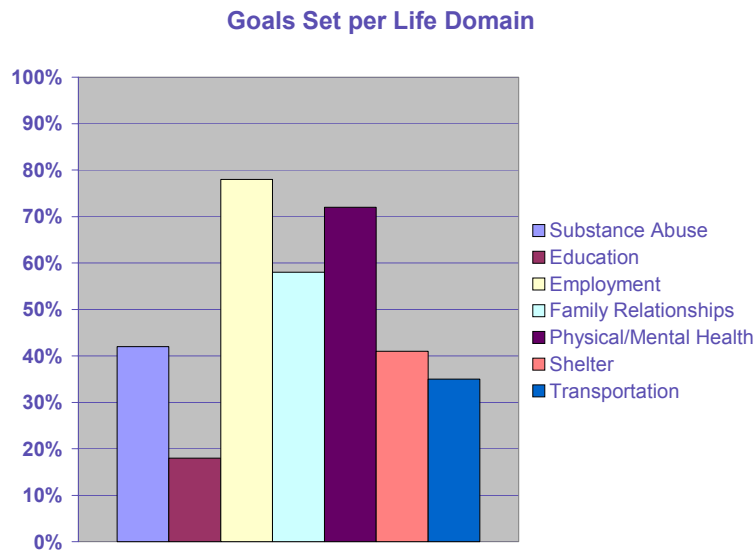


**Indicator #4: At least seventy (70%) percent of the families voluntarily participating in the family support component will set and achieve goals through the “An Assessment of My Family’s Well Being” self-assessment process.**

Sixty-eight (68%) percent or forty-six (46) of the families set and made measurable progress through the self-assessment process. Goals were set in seven of the ten life domains including shelter, physical/mental health, employment, education, transportation, alcohol/substance abuse, and family relationships. This data was tracked and recorded using a standardized Parent Self-Assessment Checklist designed by MICA, Inc. This tool is used pre/mid-point/post services. Of the total number of goals set overall, it continues to be interesting to note what percentage was set in the respective seven life domains as indicated in Table 4.1.

*Team members reflected on the variance between the measurement standard in the original indicator and the results reflected in the year-end data when comparing a goal rate of seventy percent and an actual rate of sixty-eight percent. The team identified this area as a key point of discussion targeted for the fall session with Organizational Research Services.*

Table 4.1



**Anecdotal:** The Crisis Nursery provided services to a single mother with two children. The youngest daughter has extensive special needs which require the protection of her head because of extensive pressure on the brain. The child qualified for special support services from the Division of Developmental Disabilities after the parent received assistance from Crisis Nursery staff to submit required documentation and application papers. At the request of the parent and with Board approval, the Crisis Nursery submitted an application and was awarded an Agency Respite and Personal Care contract through the Department of Social and Health Services. This parent can now access thirty (30) hours of respite care per month to ensure the safety and well-being of her children.

### **Crisis Nursery & Family Support Program**

#### **Clark Care & Development Center dba Vancouver Children's Therapy Center**

The Crisis Nursery & Family Support Program targets low-income families, families with children who have special needs, and families who are experiencing acute crisis. Licensed family homes and daycare facilities provide crisis nursery services for children birth to eight. Additionally, staff from this program provides information, referral and support services to families in need of community resources.

#### **Program Activities and Outputs**

1. Crisis care was provided to 89 unduplicated children.
  - Over the course of the year, 255 unduplicated children from 118 total families were served through our program.
  - The variance between crisis care and families served is accounted for as 62 families called to receive information and referral to resources in the community or for the purpose of family support, not crisis child care.
  - Two thousand two hundred sixty-one (2261) hours of crisis care were provided.
2. Two or more follow-up calls or follow-up home visits were provided to 69 unduplicated families.

**Program Outcome: Development of a Responsive Social Support Network**

Fifty-nine unduplicated families (N= 59) responded to evaluation questioner during follow-up calls.

**Indicator 1: 80% of participants will identify at least one new support person or other support resource to help them with their needs in an emergency/crisis time.**

Based on the replies to a question asked by a Family Support Specialist during follow-up assessment developed by the ORS consultant that determines social supports.

- 93% (n=55) of families responding answered yes to the question, “Have you made contact with people who can help?”
- 80% (n=47) of those families responding yes to the previous question identified resources that Caring Connections staff referred them to as their supports.

**Indicator 2: 90% of participants seeking emergency childcare will have their child(ren) placed with a provider they approve of through the Caring Connection.**

Based on participants report of success on the Family Feedback form indicating, “agree” or “strongly agree” and through the family’s response during the follow-up assessment call regarding childcare being available.

- From 7/1/02-6/30/03 45 Family Feedback forms were sent to program participants.
- 9 were filled out and returned.
- Of the remaining 9 responses, 100% (n = 9) chose “agree” or “strongly agree” to the question “childcare was available when I needed it.”

**Indicator 3: 80% of participants receiving case management services will report feeling better off and more supported as a result of the services provided by the Caring Connection.**

This is based on phone interviews or home visits conducted by a Family Support Specialist using the Family Follow-up Form.

- 98% (n=58) of families responding to the question indicated that they felt better off and more supported as a result of the services provided by the Caring Connection.

**Indicator 4: 80% if participants will report feeling more competent to handle a future crisis situation.**

Based on participants answering yes to the question, “Do you feel you are better able to handle a future crisis?” on the Family Follow-up Form,

- 80% (n=47) of families responded yes to the question indicated that they felt better able to handle a future crisis.

**Anecdotal:** A mother called in because she was scared she was going to hurt her daughter. The mother had picked up a glass to throw at her daughter and had seen our brochure in her line of sight. The mother called us instead. This mother did not want to give any information about herself and said that she just wanted to talk to someone for a little bit. After talking to the mother for 20 minutes, she said that she felt much more calm. She also said that her daughter wanted to say hi. When the daughter (age 8) got on the phone, she said, “Thanks for talking to my mommy. She doesn’t look so mad anymore.”

## **Parent Support Project**

### **Safe Harbor Crisis Nursery**

Serving the Tri-Cities area Safe Harbor is a center-based Crisis Nursery serving children from birth to age eight who are potential victims of child abuse and neglect due to their parents' social isolation in the community. Safe Harbor staff provides both crisis care and support services for families to assist them in accessing needed community resources.

### **Program Activity and Outputs**

**Telephone Crisis Intervention** – More than 2000 calls for service were received during the final quarter of the funded year. Another 250 calls were received for information about social services available in the community. The calls included 5 crisis housing calls from homeless families.

**Emergency Child Care** – As a 'sample' of program outputs, Safe Harbor provided 10,304 hours of emergency child care during only one quarter of the funded year. During that same period 243 children were declined care because the reason for service was inappropriate or the crisis nursery was full. Crisis nursery services were provided to 434 children during the 2002-2003 funded year.

**Case Management and Outreach** – All families requesting crisis nursery services received resources and referrals for additional services. Reasons for referral included families experiencing a child care emergency, respite, homelessness, and domestic violence situations. Crisis nursery staff provide community resource referral information to families based upon their presenting needs. Case management services are provided to families requiring additional support and assistance in assuring their ability to provide a safe environment for their children.

### **Program Outcome: Development of a Responsive Social Support Network**

Outcome Measurements: N=30

30 families received family support services in addition to emergency child care services. These families were identified based on the presentation of one or more of the following risk factors:

- demonstrated homelessness or severe housing issues
- parent/caretaker incarceration
- domestic violence
- substance abuse issues
- young infant or teen mother
- mental health issues

### **Indicator 1. Families have an increased number of connections to individuals/agencies that can provide help and support.**

**Pre:** At intake only one family was not connected to any services in the community. 17 /30 reported being minimally connected (1-3 types of service), 6 /30 reported being somewhat connected (4 types of services) and 6/30 families were strongly connected (>4 types of services).

**Post:** 29/30 families reported they remained connected to services on June 30, 2003. 28/30 reported their connections were strong as opposed to 6/30 reporting strong connections at the start of the program.

### **Indicator 2. Families have connections to the agencies or individuals that can best address their needs.**

**Post:** 26/30 reported that they had followed up on the suggestions for resources provided by the Case Managers. 11/26 used these resources on a regular basis. 14/26 reported using these services as needed. 1 family reported using suggestions infrequently.

## Parent Education

Parent education classes' offer structured curriculums each aimed at increasing parents abilities towards specific outcomes such as learning positive discipline and guidance techniques, communication skills, and understanding child development thus ensuring parents develop realistic expectations of their children. WCPCAN funding supports community-based programs that select parent education curriculums that are best-suited to meet the needs of their specifically targeted populations and that are well-linked to the outcomes these programs hope to achieve. Beyond didactic learning parent education classes also offer a safe environment for parents to share their strengths and challenges with others who share their concerns thus enriching the social support network for these families. During 2002-2003 WCPCAN funded five programs whose primary focus was parent education.

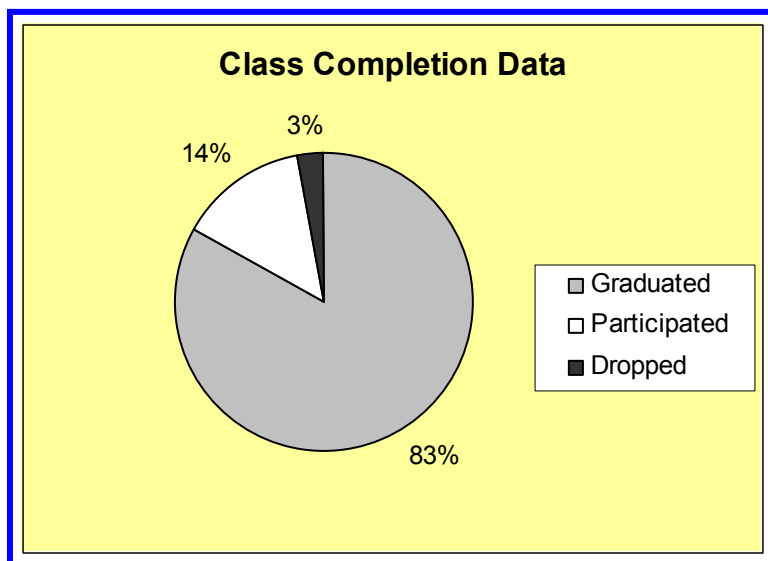
### **Strong Families / Familias Fuertes Program Central Washington Comprehensive Mental Health**

The Strong Families / Familias Fuertes Program provides parent education classes throughout the Yakima Valley area. The curriculum is based on Dr. Marilyn Steele's Strengthening Multi-Ethnic Families and Communities. In October of 2002 Lieutenant Governor Brad Owen presented representatives of the Strong Families Program the Washington State Exemplary Substance Abuse Prevention Award. As reflected by this award, programs associated with child abuse prevention have multiple benefiting outcomes.

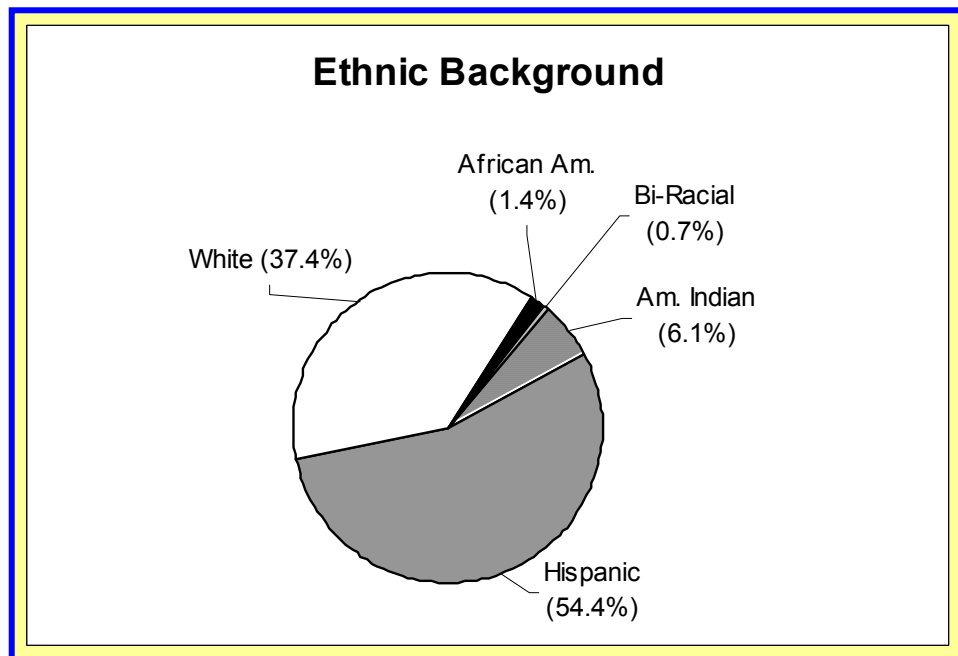
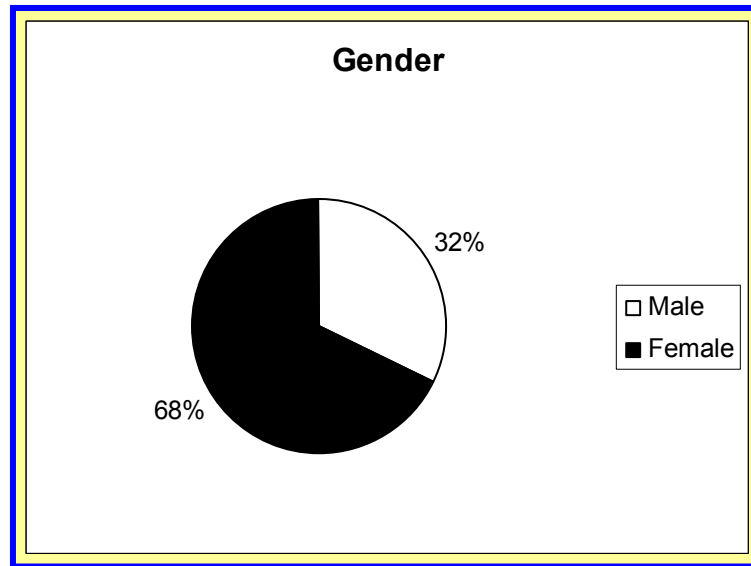
### **Program Activities and Outputs**

This year we offered 15 full or partial classes during the 2002-03 fiscal year. Two of these classes started before the 2002-03 fiscal year and completed during the year. Two classes started in the 2002-03 fiscal year but finished in July 2003. Twelve of these classes benefited from partial funding from WCPCAN.

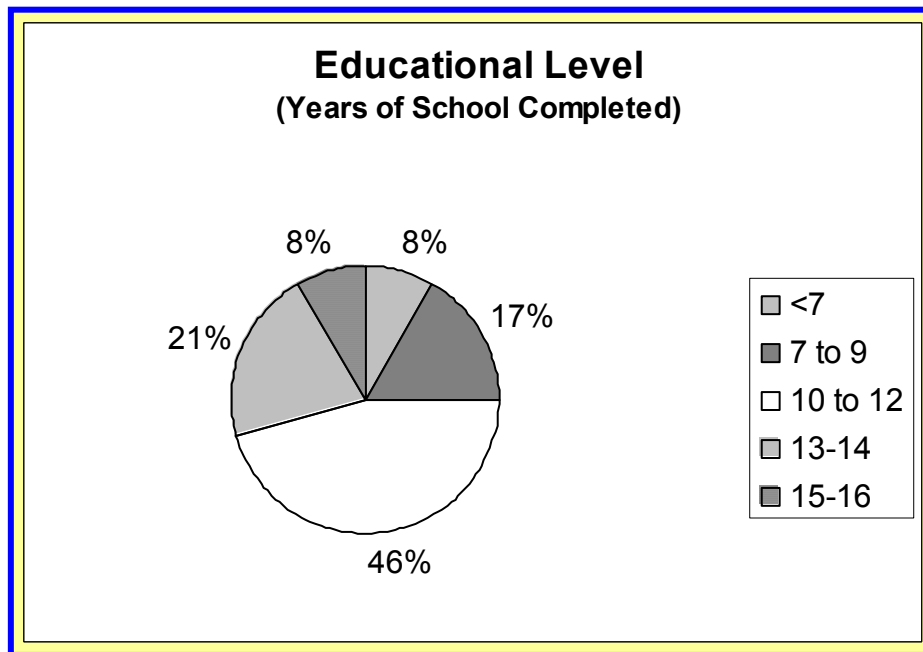
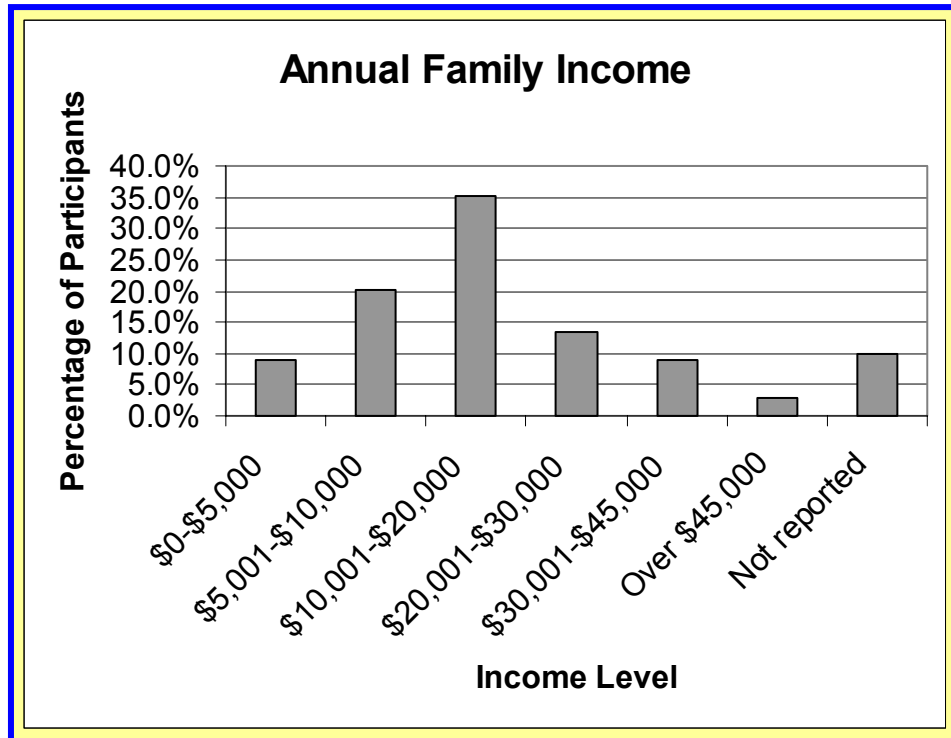
This year 83% of the parents enrolled in our classes graduated surpassing our target of 75%. This is also an improvement over last year's graduation rate of 74%. The following chart shows the percentage of parents graduating (completing 9 or more sessions), participating (regularly attending but completing fewer than 8 sessions), and dropping. We also had 5 parents classified as "visitors" (these parents attended the first one or two classes but did not return). We do not include the visitors in our class attrition data. We do not consider a parent a dropout if they were only visiting or "window shopping" to begin with.



## Participant Demographic Charts (2002-2003 Year Classes)

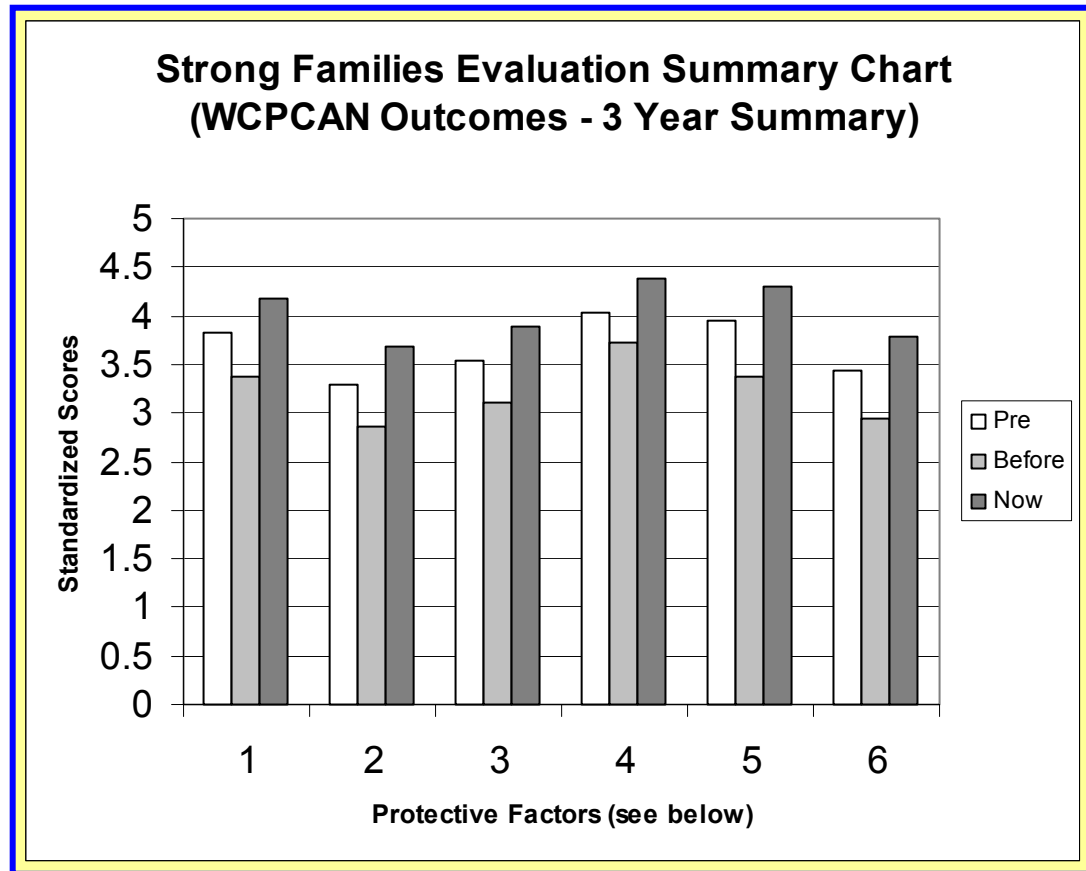






Demographic charts clearly demonstrate that we are reaching our target population consistent with many of the demographics that make Yakima County a high need area. The population we are serving is ethnically diverse, come from low income families (71.7% of those reporting had family incomes of \$20,000 or less), and have low educational attainment levels (70.5% report 12 grade or less).

## Program Outcome: Non-Punitive Discipline and Guidance



Overall participant satisfaction: 4.7 out of 5.0

### Protective Factors

1. Increase Prosocial Bonding
2. Set Clear, Consistent Boundaries
3. Teach Life Skills
4. Provide Care & Support
5. Set and Communicate High Expectations
6. Provide Opportunities for Meaningful Participation

The outcome bar chart graph provides an overall view of the three data sets collected for all of the measured protective factors for all graduates of WCPCAN funded classes to date. Protective factors 2, 4, & 5 on the chart represent the three protective factors targeted for our WCPCAN outcome measures (see side bar at left).

Our statistical analysis of our program data does not focus on any particular individual's score, rather the scores have been aggregated to find out if statistically significant differences have been realized across the targeted protective factors.

The chart shows three data points for each protective factor measured: (1) a pre-test score (PRE on the chart), (2) a post-test score (NOW on the Chart), and (3) a “retrospective pre-test” score (BEFORE on the chart). The retrospective pre- results were collected at the end of the class. The parents were asked to think back to the beginning of the class and (knowing what they know now about effective parenting skills) to rate themselves on each of the items as to how they thought they were performing before the class started. Research, and our experience, indicates that this retrospective pre- score is a more realistic appraisal of where the parents were at the beginning of the class, because parents tend to over-inflate their scores at the beginning of the class—believing that things are going pretty well for them as a parent. It is not until parents are exposed to different ideas and parenting techniques that they can more objectively compare their prior parenting behaviors with the new ones they are now incorporating in their family discipline routines.

The attached bar chart clearly demonstrates that changes were realized across all six protective factors between both the “retrospective pre-test” scores (BEFORE on the chart) and the post-test scores (NOW on the chart) and the true pre-test scores (PRE on the chart) and the post-test scores (NOW on the chart). While we cannot say for sure that these improvements will result in fewer problem behaviors in the participating families, we can say that with these resulting increases in the protective factors, the families are less likely to experience negative outcomes (including drug and alcohol use/abuse) as a result of their participation in our program.

When examining our total outcome data set, we notice a pattern inflated pre-test scores compared to the retrospective pre-test scores. This pattern of having retrospective pre-test scores lower than the true pre-test scores may indicate another potential outcome for our program. Dr. Steele, the developer of the Strengthening Multi-Ethnic Families and Communities curriculum states that one of her goals with this program is to have parents leave the program with a raised level of consciousness about the parenting choices they are making. The program is based on a problem-solving model that helps parents to think through the potential consequences of the choices they are making. We assert that the observed change in true pre-test scores and the retrospective pre-test scores represents a change in awareness on the part of the parents. We believe that they are now able to more realistically assess their parenting skills, and as a result may parent with a raised level of consciousness regarding the potential consequences regarding the types of parenting tools and techniques they select to influence their children’s behavior.

### **Family Support for our ESL Community Center for Human Services**

Family Support for our ESL Community provides both parent education and family support activities specifically tailored to meet the needs of Latino and Asian families whose first language is not English. These families are often adjusting to American standards of child rearing, while at the same time confronting problems associated with the rapid Americanization of their children. While the didactic learning of parent education classes is crucial the acquisition of a responsive social support network was seen as the essential outcome for program participants.

### **Program Activities and Outputs**

**Information and Referral Services:** Staff provide information to families in regards to a variety of topics and services/activities in the community. Common topics include housing, childcare, healthcare, education, parenting, emergency and financial assistance etc. Participants receive this service via telephone or drop-in.

- An average of 129 individuals served per month (duplicated)
- An ongoing parenting class based on the Breakthrough Parenting curriculum.
- 74 individuals served. 80.5% of students attended at least 8 classes.

- 4 series offered
- Ongoing curriculum, class starts every 10 weeks
- Mondays 6:30 to 8:30 PM
- Childcare provided

A weekly self-directed play group for children and their families. Children's room is open and set-up with activities for families on Fridays from 10 AM to 12 Noon.

- 12 families served, drop-in.

**Spanish First Steps to School Readiness:** A class for parents/caregivers and children that provides education and support for parents while preparing children to enter kindergarten. Facilitated by a Native Spanish speaking facilitator.

- 34 families served, All 34 families, 100%, attended at least 8 of 10 classes.
- 4 series offered
- 10 weeks, 2 times per week
- Tuesdays and Thursdays from 4 to 6 PM
- Transportation provided

Family Resources Northwest facilitated a parenting class for Spanish speaking families based on the curriculum Common Sense Parenting. Participants received a workbook. Facilitated in Spanish by a bilingual/bicultural facilitator.

- 12 families served
- All 12 families attended at least 8 of 10 sessions. 100%
- 10 weeks, 2 hours per class
- Mondays 4 to 6 PM
- Childcare and transportation provided

One of our Korean participants facilitated a Korean parenting class combined with a school-readiness component. Weekly parenting topics were discussed by parents and children worked on school-readiness activities.

- 17 families served, 58% attended at least 8 of 10 classes
- 10 weeks, 2 hours per class
- Fridays 1 to 3 PM
- 

#### **Program Outcome: Development of a Responsive Social Support Network**

A total of 54 entries were selected for analysis (N=54).

Questionnaires included eight questions, one corresponding to each of the indicators. All answers were assigned a numeric value for analysis using the following scale:

1. No friend would do this
2. Some friends might do this
3. Some friends would probably do this
4. Some friends would certainly do this
5. Most friends would certainly do this

The following tables describe the average level of agreement in the pre and post questionnaires for all eight indicators:

**1. Visit them or invite them over to their home**

	Average Pre	Average Post
Indicator # 1	2.74	2.81

**2. Give them or their children a ride if they needed one**

	Average Pre	Average Post
Indicator # 2	2.76	2.66

**3. Listen to them talk about a difficult parenting issue**

	Average Pre	Average Post
Indicator # 3	2.81	2.79

**4. Suggest how they can find out more about a situation**

	Average Pre	Average Post
Indicator # 4	2.92	2.94

**5. Help them out with a move or other big chore**

	Average Pre	Average Post
Indicator # 5	2.62	2.42

**6. Call them just to see how they were doing**

	Average Pre	Average Post
Indicator # 6	2.92	2.66

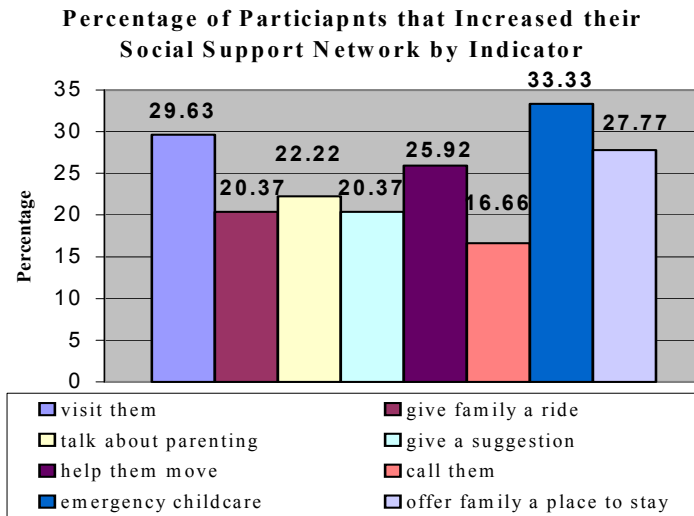
**7. Be available to them if they needed a few hours of childcare for an unforeseen emergency**

	Average Pre	Average Post
Indicator # 7	2.53	2.66

**8. Offer them and their family a place to stay for a while.**

	Average Pre	Average Post
Indicator # 8	2.28	2.18

- There is no significant change in the pre and post level of agreement in any of the indicators.
- Three indicators show a slight increase in the level of agreement:  
Indicator #1 - visit them or invite them over to their home  
Indicator #4 - suggest how they can find out more about a situation  
Indicator #7 - be available to them if they needed a few hours of childcare
- The average level of agreement in the pre-questionnaire for all eight indicators is 2.70
- The average level of agreement in the post-questionnaire for all eight indicators is 2.64
- Of all 54 participants, 33 (61.11%) reported an increase (of a minimum of 1 point) in at least one of the eight indicators.



Other tests conducted included a T-test and averages of pre and post questionnaires by class (ELL, First Steps, Tutoring, and Parenting). Both of these tests showed no significant change (positive or negative).

Although the results were rather disappointing because our expectation to achieve significant change from pre to post results, this data helped us formulate more questions about the process and method used for our outcome evaluation.

Some of the issues discussed among staff and ORS that might be a factor in the accuracy of participants' responses to our questionnaires include:

- Limited ability of participants to understand the questions. All questionnaires are written in English and administered to limited English speakers such as participants of our Beginning ELL, Korean and Spanish Parenting classes.
- Participants feeling intimidated about being asked to fill out a "test". In other cultures, written questionnaires are a very formal process.
- Not enough time lapsed between pre and post questionnaires, in this case 9 weeks or less), for participants to feel they have developed strong friendships with others.

**Anecdotal:** Mary and Sandra started participating in one of our school-readiness programs about two years ago. They both spoke Spanish and were pleased to meet each other since they had similar interests and children of approximately the same age. They live only a few blocks apart but had never met before. As time went by they formed a strong bond. They take a walk through the park in the mornings and attend each other's family celebrations. A few months ago Mary went for a routine 8<sup>th</sup> month pregnancy doctor's appointment, and was admitted to the hospital for an emergency Cesarean birth. Although Mary and her husband did not have any childcare arrangements made, she was able to call Sandra for help. Sandra was able to take care of her 3 children while she was at the hospital. Sandra was also able to help Mary around the house while her husband was at work for a few weeks after birth.

### **Spanish Language Parenting Classes Yakima Valley Farm Workers Clinic**

The Spanish Language Parenting Program curriculum, Los Ninos Bien Educados” was developed by Lupita Montoya-Tannatt, Ph.D. and Kerby Alvy, Ph.D specifically to address the needs of poverty-level, newly-immigrant Hispanic parents. This curriculum was selected by the Yakima Valley Farm Workers Clinic as beyond parenting skills, the program address stressors and issues such as acculturation on family dynamics and upon the specific strengths of the traditional Hispanic culture. The Spanish language Parenting Program provides 36 hours of parent education classes and on-site childcare in multiple sites throughout the Yakima Valley.

#### **Program Activities and Outputs:**

Six series of Spanish-language parenting classes were conducted.

- Three series took place in the upper Yakima Valley
- The other three series were completed in the Lower Valley

Each class series=36 hours

The classes focused on:

- Positive discipline techniques
- Family communication
- 128 Spanish-speaking, Hispanic parents participated with the average of 21 parents per class
- 75% (n=96) of the parents graduated, participants had to attend eight of the twelve sessions to graduate.

#### **Program Outcomes: 1) Non-Punitive Discipline and Guidance 2) Responsive Support Network**

N=96 (Parents completing at least 8 of 12-week parenting education classes)

**Table # 1**

**Q3: In the last month what type of discipline have you used in your home? How well does it work for you?**

Discipline/Guidance Technique	Pre	Post	P =
<b>Time out</b> Outcomes (e.g. 75.53% of the participants checked “works well” or “works sometimes” for Time Out)	41/96 (42.71%)	71/94 (75.53%)	0.30
<b>Redirection</b>	46/96 (47.92%)	69/94 (73.40%)	0.26
<b>First you must then you can</b>	57/96 (59.38%)	85/94 (90.43%)	0.08
<b>Show and Tell</b>	64/96 (66.67%)	87/94 (92.55%)	0.09
<b>Praising</b>	52/96 (54.17%)	86/94(91.49%)	0.19
<b>Family talk</b>	57/96(59.38%)	86/94(91.49%)	0.03

**Table # 2**

**Q4: Do you think “family meetings” increased family communication ?**

	Pre	Post	P =
Yes	73.96%	82.98%	0.01
Sometimes	17.71%	6.38%	
No	5.21%	1.06%	

**Table # 3**

**Among parents who reported trying the following positive discipline/guidance techniques. The percentages of those who reported that the techniques worked well are as follows:**

Discipline/Guidance Techniques	Works Well	Works Sometimes
Time Out	55.32%	20.21%
Redirection	54.26%	13.83%
First you must then you can	71.28%	9.57%
Show and Tell	81.91%	4.26%
Praising	75.53%	6.38%
Family talk	73.40%	13.83%

**Table # 4**

**Q1: How satisfied are you with the family communication?**

	Pre	Post	P =
Very Satisfied	20.83%	68.09%	0.05
Somewhat Satisfied	63.54%	26.60%	
Not Satisfied	9.38%	0%	

T-test showed a statistically significant difference under “very satisfied” with family communication.”

**Table # 5**

**Q2: How often in the last month have you sat down as a family to talk and make decisions?**

	Pre	Post	P =
5 or more times	9.38%	29.79%	0.00
3-4 times	21.88%	41.49%	
1-2 times	51.04%	22.34%	
Never	12.50%	0%	

T-test reflects a statistically significant difference from pre to post test in the use of family talk.

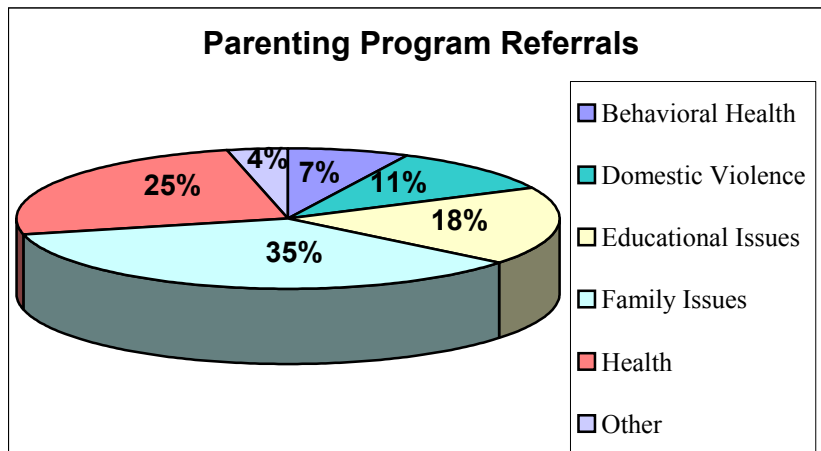
In this contract year the program started to measure participant's social support. The Program started to track whether;

1. Parents access community services/resources as needed
  2. Parents report that accessing services/resources was helpful and/or provided necessary support to their families
- These two indicators were compared by phone post-class and at three months after the class was over.
  - The referrals were facilitated as the participant’s disclosed a need to the Parenting Program Coordinator while attending the "Los Niños Bien Educados" classes.
  - 28 participants that had a referral facilitated in the 2002-2003 program year reported over the phone and three months post-class that they had accessed the services they were referred to. Also, it is exciting for the program to report that in all 28 participants found that the services were helpful and/or provided necessary support to their families.
  - The program is also pleased that all 28 parents reported self-sufficiency by indicating that no further assistance was required from the Parenting Program Coordinator. All 28



participants expressed that they felt confident they could access the services again as needed.

- Participants sought the Parenting Program Coordinator for support in accessing services for one or more of the following family risk factors; financial, mental health services, domestic violence, health, substance abuse, family issues, educational issues and other.



- Participants were contacted by phone to measure the two indicators. The indicators were compared post-class and again, at three months after the class was over.
- 

**Anecdotal:** Mrs. M shared that the classes had helped her learn to be calm and in control when she is about to lose her temper. The methods taught in class helped her resolve the problems she was having with her daughters. Mrs. M expressed openly that she feels that little by little the relationship problems in her immediate family are changing for the good. The relationship between her and her husband has also improved, they are working together and he is showing parent support.

### **Spokane Nurturing Programs WSU Extension/Spokane County**

Spokane Nurturing programs is a collaboration of four agencies each providing facilitators trained in the Nurturing Program, a nationally recognized parenting curricula created by Dr. Stephen Bavolek. This program provides both parenting and youth focused curricula. The children's classes are constructed to the developmental range of children ages five through fourteen. Each week a focused theme is introduced to both the parent and children's groups allowing families a shared learning experience which is further reinforced through group support as well as didactic learning.

### **Program Activities and Outputs**

After two years, 174 adults, 150 youth between 5-14 and 60 children from 0-5 have been involved in our Nurturing Programs, meeting our 3-year goal ahead of schedule.

-

1. **CHS** delivered a 12 week/2 ½ hr. series of NP classes for Kin Raising Kin. Six adults and 14 children were enrolled. 6 adults and 12 children completed at least 8 classes. A light supper was served
2. **Vanessa Behan Crisis Nursery** delivered one 24 week/ 2 ½ hr series of NP classes for families with children ages 0-5. A light supper was served. Thirteen parents and 12

children were enrolled. Fifteen parents and twelve children completed at least 18 classes. The class will continue meeting twice a month for support and education, led once a month by a volunteer from VBCN.

3. **WSU Extension** delivered one 12 week/2 ½ hr series of NP classes for families with young adolescents. 8 parents and 7 teenagers and three younger children were enrolled. A light supper was included. 3 adults and 4 teens completed the class. Family crises prevented some participants from completing the class.
4. **Three ABC's of Nurturing classes** were held, at the Martin Luther King Center, Vanessa Behan Crisis Nursery and Ogden Hall, a shelter for families in transition. Each was 7 weeks/2 hrs plus lunch at VBCN and supper at MLK. 25 parents and 29 youth were enrolled. 24 parents and 27 youth completed at least 6 of 7 classes.

**Program Outcomes: 1) Knowledge of child development 2) Non-punitive discipline and guidance**

**N=64**

The AAPI-2 survey was administered to 64 participants (62 parents and 2 teens) at the beginning of the first class and at the end of the last class. This survey determines the degree to which respondents agree or disagree with parenting behaviors and attitudes known to contribute to child abuse and neglect. Construct "A" of this survey measures the change in the participant's understanding of appropriate parental expectations for a child's behavior corresponding to its developmental stage.

On a scale where 1 is a high agreement, 10 is a low agreement with parenting attitudes and behaviors describing *inappropriate* parental expectations, the average scores increased from 5.8 to 6.9. This means that parents with a higher score have reduced the likelihood that they will be abusive or neglectful.

**Average Scores for Pre & Post Tests for Construct A:  
Inappropriate Expectations (N=64) Indicator 1**

Average Score of Pre-Test	Average Score of Post-Test	Statistically Significant
5.8	6.9	*

\* there is a significance level of 0.00869 E-06 on a paired-samples t-test which is statistically significant because the score is <.05

Construct "C" on the AAPI measures the change in "strong belief in the use of corporal punishment", a parenting attitude known to contribute to child abuse and neglect. A low score correlates with a *strong* belief, a higher score represents a *less strong* belief. 64 participants took the pre and post survey. The average score changed from 5.4 to 6.5.

At the last class we ask a retrospective question about the parent's use of corporal punishment: "Before attending the Nurturing Program did you use physical punishment like hitting and spanking?" and "Since coming to the program how much do you use physical punishment like hitting and spanking?" These are rated on a scale from 1 to 5, where 1 is "not at all" and 5 is "very much". The 58 responses to this question averaged a score of 3.0 in their memories of their physical punishment behaviors before attending the class, and 1.8 at the end. A similar question regarding the use of verbal abuse before and at the end of the class showed a change in the average score for 58 parents of 2.5 to 1.8.

### Average Scores for Pre & Post-Tests for Construct C –Corporal Punishment (N-64)

Average Score of Pre-Test	Average Score of Post-Test	Statistically Significant
5.4	6.5	*

\* there is a significance level of 0.007606 E-05 on a paired-samples t-test which is statistically significant because the score is < .05

### Retrospective (before and after taking the Nurturing Program)

#### Question about use of spanking and hitting, and verbal abuse.

Average Scores: Before NP, Hitting & Spanking	Average Scores: After NP, Hitting & Spanking	Scale of 1 to 5, 1= not very much, 5= very much	Average of Scores: Before NP, Verbal Abuse	Average of Scores: After NP, Verbal Abuse
3.0	1.8	N=58	2.5	1.8

**Anecdotal:** “My family of origin believes in strict discipline, including frequent spankings, with & without objects. This class demanded great thought from me every time I approached a discipline/punishment issue. Admittedly I struggled with this issue, being pulled towards less spanking by my in-laws and MORE spanking by my parents. Somewhere in the middle, I have made a small “beachhead” for myself, establishing a tentative foothold in this new territory. The other techniques for discipline from the class material have given me more tools to use instead.” (Mother, retired military, with three children 2-5)

### Young Parent Self-Sufficiency Project

#### YWCA Garfield Family Center

The Young Parent Self-Sufficiency Project serves low-income African American parents 14-20 years of age with children pre-natal to 5 years of age. Services include access to skilled advocates, domestic violence counseling and referral services and a 13-week culturally specific Effective Black Parenting course.

### Program Activities and Outputs

Two (2) parenting classes were completed. A third parenting class, consisting of 10 participants, began April 30, 2003 with an expected date of completion August 6, 2003 (1<sup>st</sup> Quarter 2003-2004 funding year).

A total of 25 parents completed 10 to 13 weeks of parenting class.

- 17 African Americans
- 3 Caucasians
- 2 Hispanic
- 2 African Decent
- 1 Bi-Racial

54 hours of parenting training provided.

25 (100%) parents completed the 8-week Life Skills sessions.

42 hours of life-skills training provided.

44 children were provided childcare for the parenting and life-skills sessions for a total of 140 hours.

Provide case management, individual counseling, and resource referral for program participants as needed:

- 75 hours of home visits
- 80 hours of counseling
- 100 hours of resources/referral support
- 200 hours of case management

### **Program Outcomes: Life management/self sufficiency skills**

#### **Based on results of the life-skills assessment, in the category of Budgeting/Financial Planning (N=25):**

- 11 of 25(44%) participants' knowledge increased in 4 out of 4 levels
- 5 out of 25 (20%) participants' knowledge increased in 3 out of 4 levels
- 2 out of 25(8%) participants' knowledge increased in 2 out of 4 levels
- 7 out of 25 (28%) participants' knowledge increase in 1 out of 4 levels

### **Parent Support**

Parent support embodies an extremely broad range of services. As with all WCPCAN supported programs these services are specifically tailored to the families served. During the past year six programs provided parent support activities ranging from services to teen parents to kinship caregivers. Due to the uniqueness of each programs design program outcomes varied. However, a common factor for the families engaged in these services was the lessening the social isolation that is so often a risk factor contributing to child abuse and neglect. As noted by author Neil Guterman PhD in *Stopping Child Maltreatment Before It Starts* "Parents with less supportive networks face parenting with comparatively fewer material and psychological resources, less information about appropriate parenting behavior, fewer outlets and diminished opportunities to develop essential parenting competencies".

#### **Independent Living Parent Education Program Youthnet**

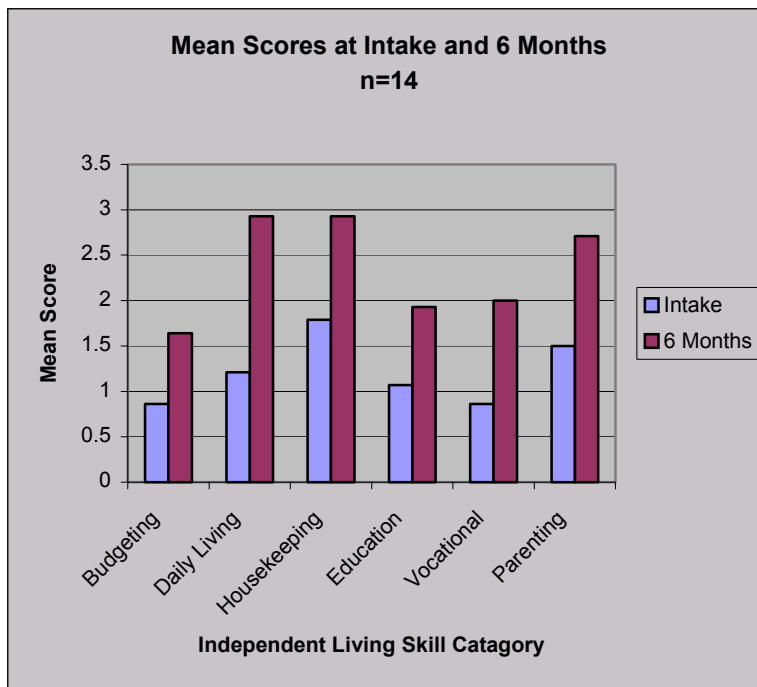
The Independent Living-Parent Education program is located in Mount Vernon and serves pregnant and parenting youth ages 15-21. Collaborative partners for this project include the Skagit and Swinomish Tribal Communities. As adolescents, the parents involved in this program can be hard to engage and require highly skilled family support practitioners that are able to build the trust required to support positive participant outcomes.

#### **Program Activities and Outputs**

- 32 Parents received one-to-one services. Staff assisted parents in areas of employment, education, accessing daycare, and community resources.
- A total of 26 unduplicated parents attend 39 Parenting Classes. Because of the variety of topics some parents attended one or more classes, with approximately 45 who attended classes in total. Classes were offered in Mount Vernon, Anacortes and on the Swinomish Reservation in LaConner.

## Program Outcome: Life Management / Self Sufficiency Skills

N=14



Mean Score Key			
0	Not experienced	1	Basic awareness
2	Initial experience	3	Practicing
4	Sustained Experience		

Mean Scores at intake and six months		
	Intake	6 Months
Budgeting	0.86	1.64
Daily Living	1.21	2.93
Housekeeping	1.79	2.93
Education	1.07	1.93
Vocational	0.86	2
Parenting	1.5	2.71

As the above charts illustrate, statistically significant ( $p < .05$ ) increases in skill level were found among the 14 young parents who participated in the program for six months. Data for parents in the program at nine and twelve months is not included due to low sample size ( $n=6$  at 9 months;  $n=4$  at 12 months).

## Kinship Care

### Family Support Center of South Sound

The Kinship Care Project provides support groups for relative caregivers and their children in the south sound area. One of the more prevalent needs identified for group participants was to ameliorate their feelings of social isolation through the opportunity of support by other kinship

caregivers who share their experience. This support can make a critical difference in a kinship caregiver's capacity to continue providing a home for their child.

### **Program Activities and Outputs**

57 adults and 60 children, representing 51 families, participated in the Kinship Support group. On average 11 adults and 16 children attended support group meetings.

48 support group meetings were conducted each for a 2 hour time period. In addition several respite opportunities were coordinated:

A total of 14 educational lectures were provided by community experts to Kin Caregivers. Generally held the first meeting of the month volunteers offered their time, expertise and resources. In addition four (4) workshops were presented at the one-day kinship retreat.

Efforts to increase public awareness included:

- Running weekly meeting announcements in our local newspaper
- Distributing over 2,500 brochures to the community through service club presentations, school districts, our local Head Start program, Juvenile and Family court, our Community Mental Health provider, and other social service providers.
- Working with local media such as KGY radio, the Olympian, Thurston County Television to highlight Kinship Issues.
- Showcasing the Kinship program at community events.
  - Briefing elected officials, including legislative representatives regarding issues faced by Kin Caregivers. Staff, volunteers and relative caregivers dedicated an extraordinary amount of time and energy toward the successful passage of HB1233
  - Collaborate with statewide efforts to support increased public/private investment in support of Kinship Families.
  - Attend, Keynote, and Facilitate discussion at training events/conferences such as "DSHS Reasonable Efforts Symposium", "Region 6 Early Childhood" conference, and "Critical Issues for an Aging Society" conference.
  - Coordinate a local Kinship Advisory council to address Kinship issues.

### **Program Outcome: Responsive Social Support Network**

**N=26**

Based on the **Parenting Feedback Survey** the following results were captured.

**In response to the question "I know where to go to for help in the following areas"**

***100% (n=26) True/Very True to Affordable legal services***

***100% (n=23 )True/Very True to Recreational services***

***100% (n=26) True/Very True to Working with Child's School***

***100% (n=23) True/Very True to Counseling/consultation***

***100% (n=26)True/Very True to Financial support***

***100% (n=26)True/Very True to Family member's drug/alcohol use***

***100% (n=26)True/Very True to Children's special needs***

***100% (n=26)True/Very True to Parenting classes***

***100% (n=26)True/Very True to Resolving issues with child's parent***

***100% (n=26)True/Very True to Finding a support group.***

***100% of respondents "Strongly Agreed" with the statement "Through my participation in this group I received helpful information and resources"***

96% (25 of 26) indicated they “**Strongly Agree/Agree**” with the statement “*In this group I met people I can talk with about raising a relative’s child(ren).*”

92% (24 of 26) indicated they “**Strongly Agree/Agree**” with the statement “*In this group I met people I could talk with about kinship care issues, even outside the Kinship Care Support Group.*”

100% (26 of 26) indicated they “**Strongly Agree**” with the statement “*Through participation in this group, I have made connections with at least one person that I talk with about kinship care issues (other than my spouse).*”

With the understanding that 1=Not True, 2=Somewhat True, and 3=Very True

Respondents indicated an average score of **2.9** to **NOW** “**I know people that I can talk to about kinship care.**” compared to a **1.6** to **BEFORE** attending the support group.

100% (23 of 26 responded to this question) of respondents indicated “**YES**” to the question “*Faced with a stressful care giving issue I have met at least one person through this group that I can feel safe to contact for support.*”

**Anecdotal:** Terry is the grandparent and caregiver of 8 year old Amy. This child has not seen her mother in three years due to the mother’s mental illness and chemical dependency addiction. Instead of visiting the child the mother would call on the phone at sporadic times. Last week Terry overheard Amy’s side of the phone conversation which went something like this “ But do you have a place to live now?”, “But do you have food in the fridge?” “But where would I sleep?” and “Where would I go to school?” Clearly understanding the intent of the phone call Terry bit her tongue and simply asked Amy “How did the call go?” Amy replied “*I really would like to go live with my parents but I am not old enough to take care of them yet.*”

### **Nooksack Valley Birth to Three Project**

#### **Nooksack Valley Schools**

The Center for Children and Families is based at Nooksack High School, the result of a commitment of the Nooksack School District to make every effort that rurally isolated families receive the services required in order that infants and young children are protected and prepared to later enter school with every opportunity to succeed. On-site and outreach services focus on identification of children with developmental delays and issues around child and family health care.

#### **Program Activities and Outputs**

**Child Find:** We have exceeded our expectations for developing a quality Child Find process in partnership with the early childhood community and now have a fully developed 0-5 Child Find with this year’s outputs as follows:

- 10 Child Find Events plus screening implemented within classroom curriculum
- 91 children 0-5 screened
- 34 referred for evaluation
- 25 qualified for services

**Early Learning Program:** The Early Learning Program grew to accommodate increased demand due to the success of Child Find and new community partnerships, in excess of the expectations outlined in the grants and outputs as follows:

- 30 hours of care and education weekly over 38 weeks
- 101 children enrolled ages 0-5

## Health Services

46 Parents oriented and using Child Health Portfolio system

85 children received health screening including hearing, vision, dental

Completion and implementation of framework for Health Education curriculum with health screening (hearing, vision, dental, heights and weights) and dental clinic processes in place.

## Parent/Adult Education/Family Support Services

- 24 families in Even Start Family Literacy offered as 11 week sessions, 15 hours a week, 3 times a year
- 23 families enrolled in ESL classes offered in 11 sessions, 3 hours a week, 3 times a year
- 19 families attending Parents Helping Parents, weekly support group, 1.5 hours a week year round.
- 15 families enrolled in Raising A Reader, parent-child family literacy class offered for 6 weeks, 2 hours a week, 3 times a year.

15 parents participated in parent leadership roles and activities, attending community and state training, volunteering in the Center and planning events for participating families.

## Program Outcomes: Responsive Social Support Network

N=44

### Social Network Survey

Parents rated their perception of growth in having stronger social networks as a result of participating in the Center as follows: (Rating Scale: 1 Low – 5 High)

1. Strong and supportive friends **before** coming to the center: 2.0
2. Acquired new friends as a result of the Center: 4.2
3. Meet with Center friends socially outside of class: 3.78
4. Met more people through the Center to discuss parenting: 4.3
5. More comfortable now with discussing parenting challenges: 4.78

Scores illustrated the increased connections of families to others in the community with the highest rating given to the statement of now having increased ability to address the challenges of being a parent!

In addition, we piloted a tool for measuring “social competence” in the children of parents attending Center programs as a result of Child Find with the following outcomes: The tool, *The Social Competence* checklist with a scale of 1(low)-4(high) was designed to illustrate growth in social skills of children over the year. N=18 children were monitored with the following results:

- |                                |          |           |
|--------------------------------|----------|-----------|
| • Peer Interaction:            | pre 2.61 | post 3.35 |
| • Caregiver interaction        | pre 2.33 | post 2.88 |
| • Social play                  | pre 2.29 | post 2.81 |
| • Personal and social settings | pre 2.67 | post 3.18 |

**Health Outcomes: A major focus for this grant was to increase health outcomes for children through ensuring a medical home, access to dental care and insurance. We were able to document the following outcomes for all enrolled children:**

- 100% with current immunizations
- 100% with insurance and a medical home
- 100% with access to dental care
- 85% current with well-child exams.



**Anecdotal:** WCPCAN has been an invaluable partner in assisting our community in developing a family learning and resource center that is responsive to the needs of families with the youngest children living in our rural area. Our proposal specifically focused on developing a quality 0-3 program, aligning it with the mandated services school districts provide for children with special needs ages 3-5, building partnerships with local early intervention programs, developing a health focus and integrating on-site consultation with a local pediatrician, and providing meaningful support for parents in a variety of ways that reflects diverse needs, schedules, and interests. Our expectations were high, but even we have been overwhelmed at the success of our project and the degree to which we now have a comprehensive family center with services for children across the age span of 0-5 and their parents.

## **Project SAFE**

### **Cocoon House**

Located in Everett, Project SAFE provides prevention services to parents of adolescents 11 years of age and older. Services include a clinician-staffed crisis line, support groups and parent training workshops. Adolescents have a greater capacity to protect themselves from abuse and neglect however they are not immune from family conflicts that can result in homelessness. As noted by a worker from a homeless shelter for youth. “These aren’t runaway kids. These are throw-away kids”.

### **Program Activities and Outputs**

- 130 parent callers received a 75 minute clinical assessment/ consultation/ intervention by SAFE therapist (162.5 clinical intervention hours) via the Parent Phone Line
- 91 parent callers have received 33 second contact: 20 minute clinical intervention follow-up by a project SAFE therapist to:
  - Review follow-through on the “action plan”
  - Overcome any barriers the parent has faced with the “action plan”
  - Revise the “action plan” as needed
- 31 parents received 45 minute face to face session with the project SAFE therapist
- 18 parents participated in at least one session of the eight-week support group. The average attendance of these 18 parents was 5 sessions of the 8-week group
- Ten one hour workshops delivered to 155 parents. This is 258% of the goal of reaching 60 parents.
- Eleven 1.5-hour workshops delivered to 181 parents. This 181% above the anticipated goal.
- 72 presentations were made, 86% of the anticipated goal.

### **Program Outcome: Stress Management**

**N=130 (Baseline & Post)** Measured at beginning and conclusion of initial contact.

**N=91 (Follow-Up)** Follow-up calls occurred one to two weeks following initial contact

**Indicator 1A. By the end of the initial Parent Phone Line (A) intervention, parents/caretakers will indicate an increased level of hope that the situation with their teen can get better.**

Table 1: **Parental Hopefulness**

	Baseline	Post	Follow-up	P Value	
				Pre to post	Pre to Follow up
Parents’ level of hopefulness...	3.27	3.96	4.15	.00	.00

The P value equals .00. This represents a statistically significant difference in parent hopefulness from pre Parent Phone Line (A) to Parent Phone Follow-Up (B). 37% of all parent callers during the follow-up reported an increase in their level of hopefulness from baseline

**Indicator 1B). By the end of the initial Parent Phone Line intervention, parents/caretakers will indicate a decreased level of personal frustration about the situation with their teen.**

Table 2: **Parental Frustration**

	Baseline	Post	Follow-up	P Value	
				Pre to post	Pre to Follow up
Parents' level of frustration...	2.89	3.91	4.03	.00	.00

The P value equals .00. This represents a statistically significant difference in parent frustration from pre Parent Phone Line (A) to Parent Phone Follow-Up (B). 45% of all parent callers during the follow-up reported a decrease in their level of frustration from baseline.

**Indicator 1C). By the end of the initial Parent Phone Line intervention, parents/caretakers will indicate a decrease in their perception that the teen will leave the home.**

Table 3: **Parental Perception Teen will Leave the Home**

	Baseline	Post	Follow-up	P Value	
				Pre to post	Pre to Follow up
Parents' level of perception the teen will leave the home...	2.77	3.35	3.37	.00	.00

The P value equals .00. This represents a statistically significant difference in parent perception teen will leave the home from pre Parent Phone Line (A) to Parent Phone Follow-Up (B). (See Appendix, Table 3). 38 % of all callers during the follow-up reported a decrease in their perception of the teen having to leave the home from baseline.

**Anecdotal:** “Project SAFE helped me learn how to communicate more effectively. My teen is doing much better. Project SAFE has been a grounding force for gaining strength and acting on it. My teen feels much more secure when she knows I am acting from strength and love rather than from fear and doubt.”

-Mother of 16 year old

## **Protective Strategies for Teen Parents**

### **Volunteers of America**

This project serves homeless teens in Spokane who are pregnant and or parenting young children. The program is based on attachment theory and facilitated by a nationally recognized model of best-practice called the Circle of Security. Through the exploration of attachment issues teen parents improve in their self-awareness and confidence in responding to and communicating with their young infants. Most of these teens suffer a significant history of familial disruption including many having been victims of abuse and neglect themselves.

The Circle of Security protocol was recognized this year as a 'Reported 'Effective Program' by the Department of Health and Human Services Emerging Practices in the Prevention of Child Abuse and Neglect.

### Program Activities and Outputs

One thirty-five week course on Attachment & Bonding was led by Dr. Kent Hoffman from the MaryCliff Institute. Twenty-four mothers attended the class during the year. Five mothers attended five or fewer classes, seven mothers attended 6 to 10 classes, three mothers attended 11-19 classes and nine mothers attended 20-35 classes.

One-hour weekly moms support group year-round. 18 young moms and moms to be participated in a weekly support group for themselves. One staff member and two volunteer, with other volunteers helping out with particular projects, facilitated the group

### Program Outcome: Nurturing and Bonding

N=12

The first number in the column represents the number of participants responding within the category as they began services and the second number (highlighted) represents how many answered that category after the completion of the 35 week group.

	<i>Most of the Time</i>	<i>Some of the Time</i>	<i>Hardly Ever</i>	<i>Doesn't Apply</i>
I am willing to wait for eye contact when my child looks away from me.	3/10	5/2	4/0	
I can recognize when my child is giving me a mixed message about feelings.	1/9	7/4	4/0	
I am able to stand back and think about what my child is thinking and feeling.	0/9	5/3	7/0	
I am able to stand back and think about what I am thinking and feeling when my child is upset.	2/8	8/4	2/0	
My child thinks I am a good parent.	4/9	3/3	4/0	
I am able to stand back and think about what I am thinking and feeling when I am upset.	2/9	5/3	6/0	
I feel that I understand most of the different needs that my child has.	0/9	8/3	4/0	
I trust that when my child goes out from me that he/she will soon return.	2/9	3/3	7/0	
I recognize that pain from	1/6	6/6	5/0	

my past impacts my parenting.				
I feel my needs are more important than my child's needs.	3/0	4/2	2/6	3/4
My child's needs confuse me.	3/0	7/4	2/7	0/1
When my child gets upset I think that she/he is trying to manipulate me.	1/1	5/1	3/6	3/4

Although the outcomes for this project reflect a very small sample size the underscoring risk that these mothers and their children face to continue a multi-generational cycle of abuse and neglect cannot be overemphasized. Additionally, the twelve participants identified in this outcome group completed a total of thirty-five week course of group treatment, a remarkable retention for this population.

**Anecdotal:** “I think that negative things our parents did with us always come up but if we recognize it, that’s what makes a difference.” – Homeless Teen Parent

### **Tukwila Family Place Library**

#### **South Seattle Community College APPLE Parenting**

The Tukwila Family Place Library project represents the first Family Place Library in the state of Washington and the first to be developed and administered through the collaborative efforts of a family support program and a public library. This nationally recognized model has transformed Tukwila’s Library into a center for healthy family development, parent networking and support, parent-child play and life-long literacy. Services include parent support and education, play space, parenting resources and home visitation.

### **Program Activities and Outputs**

#### **Parent-Child Workshop:**

**Five workshops** conducted during fall, winter and spring quarters. The community response to the Parent-Child Workshop was gratifying. Numbers always exceeded our expectations and an additional workshop was added in the winter and spring quarters to meet the tremendous demand for this type of programming for parents and their toddlers. **104 parents were served through the Parent-Child Workshops.**

#### **Home Visits:**

14 unduplicated families received home visits (20 parents)

25 visits were conducted

#### **Parent Resource Center**

73 books have been added during the year to the Parent Resource Center.

The library reports that these materials have been checked out 1088 times during the fall, winter and spring quarters. In addition, a parent resource file with short, low literacy handouts in multiple languages has been developed. This year these handouts have been made available primarily for parent-child workshop families. Next year we hope to find a way to make them more available for other families visiting the library.

## **Program Outcomes: Responsive Social Support Network / Nurturing and Bonding**

**N=39**

### **Specific to Social Network:**

#### **Indicator 1: Parents will find books and resources to help with parenting**

Based on the parent post-questionnaire developed in conjunction with ORS and administered to first time attendees of the Parent-Child Workshop at the end of the winter and spring quarters:

- 38 out of 39 parents found books and resources that helped with parenting
- 31 out of 39 parents or 79% reported that this was very true
- 7 out of 39 or 18% reported that this was somewhat true
- 1 parent or 2% reported not finding helpful resources

#### **Indicator 2: Parents will meet at least one person they can talk with about parenting or personal issues, even outside of the group.**

The post-questionnaire, administered to first time attendees at the end of the winter or spring quarters, indicated that:

- 21 out of 39 parents or 53% reported that this was very true
- 17 out of 39 parents or 43% reported that this was somewhat true
- 1 parent or 2% reported that this was not at all true

We compared the outcome on this indicator with that of 18 parents who participated during both the winter and spring quarters:

- Thirteen out of eighteen parents or 72% reported that this was very true
- Five parents or 28% reported that this was somewhat true.
- No parents reported that this was not at all true.

The data seems to indicate that parents involved in the Parent-Child Workshop are building ties with the library, with outside community resources, and with other parents. Preliminary data for families participating for a second quarter suggests that these ties are strengthened by continued involvement in the Parent-Child Workshop

### **Specific to Nurturing and Bonding**

Results of the post-questionnaire done on the 11<sup>th</sup> week of winter and spring quarters are shown below:

#### **N=39 Parents attending Parent-Child Workshop for One Quarter**

Item	Not true	Somewhat true	Very true
Read more with children		15%	51%
Find books for children		16%	84%
Use workshop as special time to play with child		15%	85%

**N=18 Parents attending Parent-Child Workshop for Two Quarters**

Item	Not True	Somewhat true	Very True
Read more with children		16%	83%
Find books for children		11%	89%
Use workshop as special time to play with child		6%	94%
Learned new ways to play with child		6%	94%

**Anecdotal:** A parent, wrote us a letter that she had moved to California and was doing well. This parent had scarring from burns over much of her body from abuse during her early childhood. She wrote that she had learned “a lot” from her more traditional A.P.P.L.E. Parenting class but that what she had learned really “came alive” for her during the Parent-Child Workshop. She describes closing her eyes during the workshop and “soaking up the words staff people and parents use with the kids.”

## Home Visitation Services

Home visitation is a service strategy that has been demonstrated to be most beneficial for highly stressed families that have few linkages with social supports within their community. Because they are often socially isolated these families can be reticent in reaching out for needed services and also, initially distrustful of those services that are offered to them. Engaging with and building a trusting relationship with these families can be an extended process. However, a trusting relationship with a home visitor is often the singular link these families may have to the broader community resources required to provide a safe and nurturing environment for their children. Home visitation also provides these families the opportunity to increase their knowledge about parenting and parent-child relationships.

### Slavic Home Visiting Program

#### Children’s Home Society of Washington

The Slavic Home Visiting project represents a partnership between Children’s Home Society of Washington, Educational School District 112, and New American Social and Cultural Assistance. Utilizing the nationally recognized Parents as Teachers home visiting curriculum, services targeted Clark County non-English speaking Slavic immigrant and refugee families with children ages birth to three.

### Program Outputs

26 families served

- 59 home visits with first quarter dedicated to outreach and program start-up. Home visits averaged 2 ½ hours each which is not typical of home visiting programs. This level of time was necessary to engage the families in this program. Originally projected outputs were ambitious for a new program in a new cultural group. An expert in the community said it takes years for this population to feel comfortable with outside assistance based on their historical conflict with government supported activities.
- Developmental and health screenings were completed on all enrolled families on an informal basis. Official screenings were not completed due to translation barriers and

trust building with families. 2 children were identified in need of more comprehensive screening and were referred

**Program Outcome:** Non-punitive discipline and guidance skills

**Indicator 1:** Parents will show a change in attitude toward the use of negative punishment.

- 3 of 4 families demonstrated a decrease in support for spanking being an effective discipline tool as reported on the survey questions

**Indicator B2:** Parents will show a change in attitude toward the use of positive techniques.

- 2 of 4 families increased support of the use of tangible reward systems as a disciplinary tool rather than corporal punishment and 3 of 4 parents increased their understanding of the importance of routine for child behavior management. There were no changes in attitude toward the use of time-outs as a technique.

**Anecdotal:** It was the decision of Children's Home Society of Washington to conclude this project following the first year of program implementation. Program outputs and outcomes reflect the difficulties encountered during start-up. As noted by the programs administrator; "Over the past year, the attempt to provide PAT home visiting services to Slavic families has been challenging and at times rewarding. However, it seems the barriers have become more difficult than at first anticipated."

The investment made by all involved in this project made the decision for its conclusion difficult. WCPCAN would like to acknowledge the commitment and determination of Children's Home Society in launching and managing this project despite the many barriers that affected its success.

### **Clallam County Supported Parenting Program**

#### **First Step Family Support Center**

The Clallam County Supported Parenting Program provides intensive services through home visitation and case management to parents who have developmental disabilities and are raising their children. Access to social support systems is imperative to this population if their children are to be assured of appropriate nurturing and environmental safeguards within the home.

#### **Program Activities and Outputs**

1. Home visiting services delivered: 1014 hours in 423 visits (average of 112 hours/family)
2. Training and information delivered
  - Workshops for another WCPCAN site, school psychologists, and Infant and Early Childhood Conference
  - Informational presentations: County DD Committee, UW MSW class

Local providers through accompanying families to services: OB staff at Port Angeles and Forks hospitals, WIC, public schools, private preschools, CPS and CWS, housing authority and landlords, medical and mental health providers, and utility companies

#### **Program Outcomes: Nurturing and Bonding / Responsive Social Support Network**

N=9

#### **Nurturing and Bonding**

1. Based on the Responsivity Scale of the HOME, 4 of 9 families increased responsivity, 3 of 9 maintained their responsivity at 100%, and 2 families decreased numerical score but

maintained their level of responsivity (upper quarter). Assessment was done in February, 2003 and June, 2003. It will be continued at 6-month intervals.

### Responsive Social Support Network

1. As measured by the Keenan Support Map at 6-month intervals
  - 8 of 9 families maintained support in the financial domain
  - 9 of 9 families maintained support in the emotional domain
  - 9 of 9 families maintained support in the practical domain
  - 9 of 9 families maintained support in the advice/information domain
2. 7 of 9 families decreased the number of people in their lives that they considered negative or unhealthy influences

### Participant Satisfaction

All sixteen funded programs reported year end participant satisfaction data. Participant satisfaction evaluation tools vary between programs however the results of each demonstrates the value participants themselves place on the quality of program services.

Agency	Satisfaction Results
<b>Grays Harbor Children's Advocacy Center</b>	<p><b>N=45</b></p> <p><b>"Was family support staff available and responsive to you?"</b> One hundred (100%) percent indicated that family support staff were "very responsive" giving this indicator a 1 on the scale.</p> <p><b>"How satisfied were you with being able to contact staff and access services when a crisis or emergency happened?"</b> Ninety-six (96%) percent or forty-three of the parents indicated that they were "very satisfied" giving this indicator a 1 on the scale; four (4%) percent or two of the parents indicated that they were "somewhat satisfied" giving this indicator a 2 on the scale.</p> <p><b>"Did you feel staff members were respectful of your cultural beliefs and values?"</b> One hundred (100%) percent or forty-five of the parents indicated "yes, definitely" giving this indicator a 1 on the scale.</p> <p><b>"Did staff members focus on strengths and successes of your family?"</b> One hundred (100%) percent or forty-five if the parents indicated "yes, definitely" giving this indicator a 1 on the scale.</p> <p><b>"Would you recommend these services to a friend?"</b> One hundred (100%) percent or forty-five if the parents indicated "yes" as opposed to marking a "no" checkbox.</p>
<b>Clark Care and Development Center dba Vancouver Children's Therapy Center</b>	<p><b>N=59</b></p> <p>Based on phone interviews or home visits conducted by a Family Support Specialist using the Family Follow-up Form.</p> <ul style="list-style-type: none"> <li>• 98% (n=58) of families responding to the question indicated that they felt better off and more supported as a result of the services provided by the Caring Connection.</li> </ul>



<b>Safe Harbor Crisis Nursery</b>	<p><b>N=30</b></p> <p>17 families (56%) were satisfied with the services that they received through the referrals.</p> <p>7 families (23%) were not satisfied</p> <p>6 (20%) were undecided about the services.</p> <p>18 (60%) families reported that their connections were now better than when they first accessed services at the crisis nursery.</p>
<b>Central Washington Comprehensive Mental Health Center</b>	<p><b>N=50&gt;</b> (Parents completing 9 or more sessions)</p> <p>Overall participant satisfaction: <u>4.7</u> out of 5.0</p>
<b>Center for Human Services</b>	<p><b>N=54</b></p> <ul style="list-style-type: none"> <li>84% of class participants say that the program or class they are attending has helped them meet their desire for more information or understanding of a topic. <ul style="list-style-type: none"> <li>80% feel more confident in their abilities as a result of attending the program.</li> </ul> </li> </ul> <p>87% rate the quality of childcare at the Family Center good.</p>
<b>Yakima Valley Farm Workers Clinic</b>	<p><b>N=103</b></p> <ul style="list-style-type: none"> <li>93.20% reported they were very satisfied with the information learned in the parenting class.</li> <li>90.29% of the participants stated that they were very satisfied with the quality of teachers.</li> <li>78.64% reported they were very satisfied with location and time with an additional 20.39% expressing satisfaction. 0% reported not being satisfied.</li> <li>74.76% of the participants stated that they were “very satisfied” with the quality of childcare, with an additional 16.50% expressing satisfaction.</li> </ul>
<b>WSU Extension / Spokane County</b>	<p><b>N=58</b></p> <p>In the final evaluation 57 of 58 (or 98%) respondents said “<b>Yes</b>”, I would recommend this class to a friend. One said, “maybe”.</p>
<b>YWCA Garfield Family Center</b>	<p><b>N=25</b></p> <p>Of the 25 participants attending the parenting class 13 (52%) participants reported <b>very satisfied</b> with the class; 8 (32%) reported <b>satisfied</b> with the class; and 4 (16%) reported <b>somewhat satisfied</b> with the class.</p>
<b>Youthnet</b>	<p><b>N=20&gt;</b></p> <p>On a scale of 1 (Low) – 5 (High) Parents rated the class as follows:</p> <ul style="list-style-type: none"> <li>The group/class was informative, 4.52</li> <li>I learned a new resource or helpful idea, 4.56</li> <li>I felt comfortable in group/class, 4.72</li> <li>I was able to connect/network with other youth/parents and service providers, 3.96</li> <li>I was able to express myself freely, 4.2</li> <li>The Youthnet staff were respectful and helpful, 4.6</li> <li>The speakers were interesting, informative, and helpful, 4.6</li> <li>I would attend another group/class hosted by Youthnet, 4.8</li> </ul>

<b>Family Support Center of South Sound</b>	<p><b>N=26</b> On a scale from 1 (least valuable) to 5 (most valuable) participants rated the support group with an overall satisfaction score of <b>4.8</b>.</p>
<b>Nooksack Valley Schools</b>	<p><b>N=67</b> Parents rated their satisfaction with both adult and children's programs and services as follows on a scale of 1 (low) to 5 (high):</p> <ol style="list-style-type: none"> <li>1. Satisfied with Adult Programs/Services: 4.79</li> <li>2. Child enjoys seeing teachers and friends at Center: 4.75</li> <li>3. Aware of new resources through the Center: 4.57</li> <li>4. Met more people to discuss parenting: 4.57</li> <li>5. Parent receives desired individual attention: 4.50</li> <li>6. Child receives desired individual attention: 4.58</li> <li>7. Overall rating of Center: 4.86</li> </ol>
<b>Cocoon House</b>	<p><b>N=91</b> Satisfaction rated on a scale of 1, ('Didn't help at all') to 5 ('Totally helpful')</p> <ul style="list-style-type: none"> <li>• 82% rated a 5 - 'Totally Helpful'</li> <li>• 17% rated a 4 - 'Pretty Helpful'</li> <li>• 1% rated a 3 - 'Moderately Helpful'</li> </ul>
<b>Volunteers of America</b>	<p><b>N=12</b> Twelve participants that completed the Attachment &amp; Bonding group and survey reported satisfaction on a scale of 1 (not well) to 5 (very well). They were asked how well the class met their needs.</p> <ul style="list-style-type: none"> <li>○ 10 reported that their needs were met very well (5) through the group.</li> </ul> <p>2 reported that their needs were met well (4) through the group</p>
<b>South Seattle Community College APPLE Parenting</b>	<p><b>N=39</b> On the post-questionnaire done at the end of the winter and spring quarters with parents completing one quarter,</p> <ul style="list-style-type: none"> <li>• 95% of 39 parents indicated the highest level of satisfaction with the parent-child workshop (very satisfied)</li> <li>• 5% of parents indicated the next highest level of satisfaction (mostly satisfied)</li> </ul> <p>On the post-questionnaire completed with participants who had completed two quarters, (N=18)</p> <ul style="list-style-type: none"> <li>• 88% of 18 parents indicated the highest level of satisfaction</li> <li>• 12% indicated the next highest level of satisfaction</li> </ul>
<b>Children's Home Society of Washington</b>	<p><b>N=10</b> Participants surveyed reported satisfaction on a 1 (low) to 5 (high) scale at the time of closure of the program.</p> <p>10 of 10 indicated with a 5 that they were glad they participated in the program</p> <p>10 of 10 indicated with a 5 that the home visits were helpful</p> <p>10 of 10 indicated with a 5 that they would advise a friend to participate in the program</p>

	8 of 10 indicated with a 5 that they were happy with the help and information they received and 2 of 10 indicated with a 4.
<b>First Step Family Support Center</b>	<p><b>N=9</b></p> <p>Every 6 months, using a scale designed by staff and participants, 9 of 9 families indicated</p> <ul style="list-style-type: none"> <li>• they practice skills they want to learn</li> <li>• they are listened to</li> <li>• they make their own decisions</li> <li>• they have fun</li> <li>• they learn new skills</li> <li>• they feel like a better parent</li> </ul>

## Conclusion

We are extremely pleased by the outcome results documented in this report and wish to acknowledge the hard work and commitment by all of the programs who made this report possible. Additionally we wish to acknowledge our consultants, Organizational Research Services who have played a significant role with each of our programs, providing them the technical assistance required to develop and build their capacities for outcome reporting.

Based on the data presented in this report, most of the community programs funded by WCPCAN have demonstrated an ability to establish and implement well-designed evaluation protocols and report meaningful service outcomes. This systematic incorporation of outcome measurement into daily program activities allows community-based programs to progressively strengthen their services.

## Outcome Measurement Capacity

Representatives of our funded programs report that evaluation efforts have assisted them with program planning and through their ability to collect and monitor program data, they are able to identify program strengths and weaknesses that determine continuing program development and service improvement. For example, the Center for Human Services' Support for our ESL Community Programs' data reflected no significant change in the desired outcome of participants' development of a responsive social support network. As represented in their outcome reporting the staff of this program are using these results to "formulate more questions about the process and methods used for outcome evaluation". In this instance those questions revolve around an evaluation protocol adapted for limited English speaking parents. We believe that the results of this reassessment of methodologies will improve the evaluation methods incorporated for use with non-English speaking parents. What this program will gain and what we will learn from this experience will also benefit future programs working with these populations. Succinctly stated, evaluation helps us to demonstrate what's working but just as crucially it expands our ability to recognize and improve upon what's not.

By assuming a capacity-building approach WCPCAN works in partnership with community-based programs and thus avoids many problems associated with more bureaucratically constructed accountability processes. In many instances program representatives have shared that their experience with WCPCAN was instrumental in their understanding of evaluation as a service benefit vs. solely a funding requirement. We believe programs that develop abilities with

regard to measuring outcomes and using data will not only continue to improve and strengthen, but will be able to sustain their efforts on behalf of vulnerable children and families long after their direct support from WCPCAN has ended.

## **Results of Outcome Measurement**

Generally, WCPCAN funds small community-based programs whose resources allow them to provide high quality services to a limited number of families. Fiscal limitations also limit our capacity to provide the type of evaluation protocols consistent with rigorous research design. As a result, the outcomes reported by WCPCAN's funded programs cannot necessarily be widely applied. However, outcome measurement and programs' effective use of data ensures that services to families are indeed of the highest quality, and there is substantial evidence throughout this report of ways in which parents and families have experienced positive changes as a result of program services.

Among those programs whose outcome was to link parents with social supports, the majority of program participants reported being connected to more supports and/or reported that the quality of those connections was improved. Similarly, programs that focused on helping parents develop the attitudes and skills necessary to nurture and bond with their young children were able to demonstrate strong improvements among the parents served. Additionally, the majority of parents participating in programs where learning and applying positive discipline and guidance techniques was the focus showed an increase in skills and comfort in using those skills.

These results support WCPCAN's belief that our programs make a significant difference in the lives of vulnerable families, and that these programs contribute to the prevention of child abuse and neglect throughout Washington State. In contrast to the high costs of foster care placements and additional intervention services that are a consequence of child abuse and neglect, the investment in programs that focus on assisting parents and families develop skills, behaviors and resources necessary to prevent abuse and neglect seems a wise investment choice.

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